

patients die from their faulty technic. These gentlemen are prone to condemn surgical measures on account of their own inability to obtain good results by those means, but when we look over the results of our clean operators, and find that practically all cases recover and are cured, when the surgeon has had the case from its inception, we must admit that a properly performed operation for the removal of the diseased appendix is comparatively harmless. The fatal results following properly conducted operative procedures are almost invariably due to having too long delayed the opening of the abdomen, while we do find a few cases which are fulminating from the start, and in which nothing can avert the fatal issue.

There is no question but that a number of operations have been performed in which the appendix has been found comparatively free from disease. These cases illustrate the necessity of being able to make a diagnosis before attempting treatment. I have seen a number of cases in which I was called to operate for appendicitis which did not show any of the characteristic symptoms of the disease, but proved to be either an impacted cecum, typhoid fever, colitis, passing of renal or biliary calculi, or extra uterine pregnancy. I have also been called after the patient had been treated by the attending physician with calomel, castor-oil, epsom salts and even croton-oil to relieve an obstruction of the bowels, due to adhesions around an appendiceal abscess; of course, a correct diagnosis had not been made and the patients usually succumbed to the improper treatment. Operations in these cases would have been followed by recovery and cure if done early in the disease.

It will be noticed that I distinguish between an actual cure and a failure to die; there is a material difference, and the unfortunate patient who has been treated by the calomel method is not cured except in a few cases, the majority having recurrences, which, while they rarely terminate fatally, render existence so miserable that an operation is sought after to get rid of the offending organ.

I think that if Dr. Hutton would familiarize himself with the etiology, pathology and symptoms of appendiceal disease, he would discover that the cases which he has been curing with calomel were not appendicitis, but cases of constipation which needed a mercurial purge. Furthermore, if the Doctor will take the trouble to witness several operations for the removal of diseased appendices, he will come to the conclusion that calomel is incapable of freeing adhesions or causing the absorption of infectious pus or removing any foreign body which is not within the lumen of the intestines.

I am sorry to have to take up the space of any medical journal to answer a paper of this caliber, but it is unwise to allow any such article to stand before the profession without criticism, as the titles of its author would certainly have some weight in convincing a number of medical men that they had an infallible panacea for all abdominal pains, regardless of their origin.

I trust that I have made clear the utter absurdity of such views.
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Homing Pigeons as Medical Messengers.

ELIZABETH, ILL., Jan. 7, 1899.

To the Editor:—Readers of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION will find my former article on "Homing Pigeons as Medical Messengers" in the JOURNAL of March 31, 1898 (p. 872). Though much interest was manifested in the subject at the time, not many doctors to my knowledge undertook to secure for themselves the service of these wonderfully clever aerial messengers. I can now speak with more assurance that they are indeed feasible. I receive messages from my patients in the country every day, in addition to my daily visits to them. My plan usually is to leave a pigeon the day I make a visit and direct that the pigeon be liberated the next

morning about 8 o'clock, with such a message as I may desire, e. g., the record of temperature, pulse, number of stools, etc. With a little care in the instruction of the nurse, I am quite well informed of the condition of my patient before I start to make my next visit, just the same as the doctor becomes informed of his hospital patient, by first examining the record of the patient kept since his last visit. In a country practice this is even more important, as it enables the doctor to judge what will be needed for his patient the next twenty-four hours, for we country doctors must act as our own druggists. Then again, country doctors can not often make more than one call in twenty-four hours, and by an aerial messenger service he can get practically the same information as the doctor in city or hospital practice, who makes several calls, by simply leaving two pigeons and getting an evening and morning report. The doctor who has a country practice is often called from his country patient to other persons sick in the neighborhood. This will make him late in getting back to his office, and it will be a great convenience if he can send this information home, practically with the same speed as the city practitioner through the medium of the telephone system. That we can remain in closer touch throughout an illness of our country patients, there can remain no doubt, a fact that will be appreciated by most patients and their friends.

Further information concerning homing pigeons as medical messengers will be cheerfully furnished by the writer on receipt of a stamped and addressed envelope. But I would suggest that physicians wishing to take this matter up in earnest and receive benefit and pleasure from these aerial messengers, first of all purchase only the best kind of Belgian homing pigeons, one or two pairs well mated. No reliance can be placed in young birds shipped to you, for message carriers. The young birds must be hatched from your own loft. The old birds that you secure for breeding must not be given their liberty until they have hatched one or two broods from your own loft. The youngsters, at a certain age, can be trained as stated in my former letter. Fraternaly,

PHILIP ARNOLD, M.D.

ASSOCIATION NEWS.

Section on Ophthalmology.—Dr. Edmond Landott of Paris, the well-known ophthalmologist and author, has accepted the invitation of the Section on Ophthalmology to give an address before that body in Columbus next June. Dr. Landott has chosen the title: "Some Disturbances of the Ocular Movements."

Among other arrangements is a joint session with the Section on Otology and Laryngology, that will occupy the whole morning of the second day. The subject for discussion is "The Relation of Ocular Diseases to Affections of the Nose and Neighboring Cavities." It will be introduced by an address from Dr. Charles Stedman Bull of New York, on "Some Points in the Symptomatology, Pathology and Treatment of the Sinuses Adjacent and Accessory to the Orbit," followed by Dr. Bryson Delavan of New York, on "Nasal Stenoses in their Relation to Ocular Disturbances"; Dr. J. A. White of Richmond, Va., "Eye Troubles Attributable to Nasopharyngeal and Aural Diseases"; and Dr. J. H. Bryan of Washington, "Diseases of the Accessory Sinuses in their Relation to Diseases of the Eye." Three Symposia: "Sympathetic Ophthalmia," "Diagnosis and Treatment of the Rarer Forms of Ametropia," and "Chronic Glaucoma," have been also arranged. For the greater convenience of members who desire to attend sessions of both sections two commodious and adjoining halls have already been secured on the second floor of the Y. M. C. A. building in Columbus. A preliminary program furnishing further details of these and other matters will be published in April.